

**Not for Publication until released by
the Senate Committee on Appropriations**

Statement of

Vice Admiral Adam M. Robinson, Jr., MC, USN

Surgeon General of the Navy

Before the

Subcommittee on Defense

of the

Senate Committee on Appropriations

Subject:

The State of Navy Medicine

10 March 2010

**Not for Publication until released by
the Senate Committee on Appropriations**

Introduction

Chairman Inouye, Senator Cochran, distinguished Members of the Subcommittee, I am honored to be with you today to provide an update on the state of Navy Medicine, including some of our accomplishments, challenges and strategic priorities. I want to thank the Committee Members for your unwavering support of Navy Medicine, particularly as we continue to care for those who go in harm's way, their families and all beneficiaries.

Navy Medicine – World Class Care ... Anytime, Anywhere. This poignant phrase is arguably the most telling description of Navy Medicine's accomplishments in 2009 and continues to drive our operational tempo and priorities for the coming year and beyond. Throughout the last year we saw challenges and opportunities; and moving forward, I anticipate the pace of operations and demands placed upon us will continue to increase. Make no mistake: We have been stretched in our ability to meet our increasing operational and humanitarian assistance requirements, as well as maintain our commitment to provide Patient and Family-Centered care to a growing number of beneficiaries. However, I am proud to say to that we are responding to this demand with more flexibility and agility than ever before. We are a vibrant, world-wide health care system fully engaged and integrated in carrying out the core capabilities of the Maritime Strategy around the globe. Regardless of the challenges ahead, I am confident that we are well-positioned for the future.

Since becoming the Navy Surgeon General in 2007, I have invested heavily in our strategic planning process. How we accomplish our mission is rooted in sound planning, sharp execution and constructive self-assessment at all levels of our organization. I

challenged our leadership to create momentum and establish a solid foundation of measurable progress. It's paying dividends. We are seeing improved and sustained performance in our strategic objectives. Just as importantly, our planning process supports alignment with the Department of Navy's Strategic Plan and Operations Guidance.

Navy Medicine's commitment to Patient and Family-Centered Care is also reflected in our resourcing processes. An integral component of our Strategic Plan is providing performance incentives that promote quality and directly link back to workload and resources. We are evolving from a fiscal planning and execution process rooted in historical data, to a system which links requirements, resources and performance goals. This transformation properly aligns authority, accountability and financial responsibility with the delivery of quality, cost-effective health care.

The President's budget for FY11 adequately funds Navy Medicine to meet its medical mission for the Navy and Marine Corps. The budget also provides for the maintenance of our facilities. We are, however, closely assessing the resource impacts associated with Operation UNIFIED RESPONSE, in Haiti. While seeking reimbursement as appropriate from U.S. Southern Command in accordance with DoD direction, we are working to mitigate any potential impacts - both in the short-term and long-term. We are cross-leveling personnel, meaning that we are assigning personnel within Navy Medicine to ensure effective use of existing resources, while leveraging support from the Navy Reserve, the other Services and our civilian network partners, as needed, and when conditions warrant.

Force Health Protection

The foundation of Navy Medicine is Force Health Protection. It's what we do and why we exist. In executing our Force Health Protection mission, the men and women of Navy Medicine are engaged in all aspects of expeditionary medical operations in support of our warfighters. The continuum of care we provide includes all dimensions of physical and psychological well-being. This is our center of gravity and we have and will continue to ensure our Sailors and Marines are medically and mentally prepared to meet their world-wide missions.

Nowhere is our commitment to Force Health Protection more evident than in our active engagement in military operations in Iraq and Afghanistan. As these overseas contingency operations evolve, and in many respects become increasingly more dangerous, we are seeing burgeoning demand for expeditionary combat casualty care in support of joint operations. I recently returned from a trip to Afghanistan and I again saw the outstanding work of our medical personnel. The Navy Medicine team is working side-by-side with Army and Air Force medical personnel and coalition forces to deliver outstanding health care to our troops and civilians alike.

We must continue to be innovative and responsive at the deckplates and on the battlefield. Since the start of Operation ENDURING FREEDOM and Operation IRAQI FREEDOM, the Marine Corps has fielded new combat casualty care capabilities which include: updated individual first aid kits with combat gauze, advanced tourniquets, use of Tactical Combat Casualty Care principles, troop training in Combat Lifesaver, and the use of Factor VII - a blood clotting agent used in trauma settings. In addition, Navy Fleet

Hospital transformation has redesigned expeditionary medical facilities that are lighter, modular, more mobile, and interoperable with other Services' facilities.

Our progress is also evident in the innovative work undertaken by a Shock Trauma Platoon (STP) two years ago in Afghanistan. This team, comprised of two physicians, two nurses, a physician assistant and 14 corpsmen, essentially created a mobile emergency room - a seven-ton truck with a Conex container and welded steel plates - that went into combat to administer more expedient and effective care in austere settings. This prototype led to the creation of the Mobile Trauma Bay (MTB), a capability that both Marine Corps and Navy Medicine leadership immediately recognized as vital to the warfighter and an unquestionable life-saver on the battlefield. MTB use has already been incorporated into our Afghanistan shock trauma platoon operations, and they are already positively impacting forward resuscitative and stabilization care. We understand that the Marine Corps has fully embraced the MTB concept and is planning to add additional units in future POM submissions.

Humanitarian Assistance and Disaster Response

An integral part of the Navy's Maritime Strategy is humanitarian assistance and disaster response. In the wake of the devastating earthquake in Haiti earlier this year, our Nation moved forward with one of the largest relief efforts in our history to save lives, deliver critically needed supplies and provide much-needed hope. The response was rapid, as Navy deployed ships and expeditionary forces, comprised of more than 10,000 personnel, to provide immediate relief and support for the Haitian people. In support of Operation UNIFIED RESPONSE, Navy Medicine answered the call. We deployed

USNS COMFORT (T-AH 20) from her homeport in Baltimore within 77 hours and ahead of schedule – going from an industrial shipboard site to a ready afloat Naval hospital, fully staffed and equipped. She was on station in Port-au-Prince five days later and treating patients right away. From the beginning, the operational tempo onboard USNS COMFORT has been high with a significant trauma and surgical caseload. Medical teams from the ship are also ashore to help in casualty evaluation, triage crush wounds, burn injuries and other health issues. Providing care around the clock, our personnel have been challenged both professionally and personally. For many, this will be a career-defining experience and certainly reflects the Navy's commitment as a "Global Force for Good." I spoke to the crew as they were preparing to get underway, and personally related just how important this mission is and why it is a vital part of the Navy's Maritime Strategy.

We train so we are mission ready and USNS COMFORT was well-prepared for this challenging deployment as a result of her crew's participation in Continuing Promise (April – June 2009), a humanitarian and civic assistance mission, in partnership with nations of the Caribbean and Latin America, to provide medical, dental, veterinary, educational and engineering programs both ashore and afloat.

We are continuing to respond to requirements from the Commander, U.S. Southern Command in order to put the proper supporting medical elements in the area of operations. Navy Medicine additional support includes the deployment of a Forward Deployed Preventive Medicine Unit (FDPMU) and augmented Casualty Receiving and Treatment Ship (CRTS) medical staff capabilities onboard USS BATAAN (LHD 5). We also recognize the potential psychological health impact on our medical personnel

involved in this humanitarian assistance mission and have ensured we have trained Caregiver Occupational Stress Control (CgOSC) staff onboard.

Navy Medicine is inherently flexible and capable of meeting the call to support multiple missions. I am proud of the manner in which the men and women of Navy Medicine leaned forward in response to the call for help. In support of coordination efforts led by the Department of State and the U.S. Agency for International Development, and in collaboration with nongovernmental organizations, both domestic and international, our response demonstrated how the expeditionary character of our Naval and Marine forces is uniquely suited to provide assistance during interagency and multinational efforts.

Concept of Care

Navy Medicine's Concept of Care is Patient and Family-Centered Care. It is at the epicenter of everything we do. This concept is elegant in its simplicity yet extraordinarily powerful. It identifies each patient as a participant in his or her own health care and recognizes the vital importance of the family, military culture and the military chain of command in supporting our patients. My goal is for this Concept of Care – this commitment to our patients and their families – to resonate throughout our system and guide all our actions. It is enabled by our primary mission to deliver force health protection and a fully ready force; mutually supported by the force multipliers of world class research and development, and medical education. It also leverages our emphasis on the health and wellness of our patients through an active focus on population health.

Caring for Our Heroes

When our Warriors go into harm's way, we in Navy Medicine go with them. At sea or on the ground, Sailors and Marines know that the men and women of Navy Medicine are by their side ready to care for them. There is a bond of trust that has been earned over years of service together, and make no mistake, today that bond is stronger than ever. Our mission is to care for our wounded, ill and injured, as well as their families. That's our job and it is our honor to have this opportunity.

As our Wounded Warriors return from combat and begin the healing process, they deserve a seamless and comprehensive approach to their recovery. We want them to mend in body, mind and spirit. Our focus is multidisciplinary-based care, bringing together medical treatment providers, social workers, case managers, behavioral health providers and chaplains. We are working closely with our line counterparts with programs like the Marine Corps' Wounded Warrior Regiments and the Navy's Safe Harbor to support the full-spectrum recovery process for Sailors, Marines and their families.

Based on the types of injuries that we see returning from war, Navy Medicine continues to adapt our capabilities to best treat these conditions. When we saw a need on the West Coast to provide expanded care for returning Wounded Warriors with amputations, we established the Comprehensive Combat and Complex Casualty Care (C5) Program at Naval Medical Center, San Diego, in 2007. C5 manages severely injured or ill patients from medical evacuation through inpatient care, outpatient rehabilitation, and their eventual return to active duty or transition from the military. We are now working to expand utilization of Project C.A.R.E – Comprehensive Aesthetic

Recovery Effort. This initiative follows the C5 model by ensuring a multidisciplinary approach to care, yet focuses on providing state-of-the-art plastic and reconstructive surgery for our Wounded Warriors at both Naval Medical Center San Diego and Naval Medical Center Portsmouth, with potential future opportunities at other treatment facilities.

We have also significantly refocused our efforts in the important area of clinical case management at our military treatment facilities and major clinics serving Wounded Warriors to ensure appropriate case management services are available to all who need them. The Clinical Case Management Program assists patients and families with clinical and non-clinical needs, facilitating communication between patient, family and multi-disciplinary care team. Our clinical case managers collaborate with Navy and Marine Corps Recovery Care Coordinators, Federal Recovery Coordinators, Non-Medical Care Managers and other stakeholders to address Sailor and Marine issues in developing Recovery Care Plans. As of January 2010, 192 Clinical Case Managers are assigned to Military Treatment Facilities and ambulatory care clinics caring for over 2,900 Sailors, Marines and Coast Guardsmen.

Psychological Health and Post-Traumatic Stress

We must act with a sense of urgency to help build resiliency among our Sailors and Marines, as well as the caregivers who support them. We recognize that operational tempo, including the number and length of deployments, has the potential to impact the psychological health of service members and their family members. We are aggressively working to reduce the stigma surrounding psychological health and operational stress

concerns which can be a significant barrier to seeking mental health services for both military personnel and civilians. Programs such as Navy Operational Stress Control, Marine Corps Combat Operational Stress Control, FOCUS (Families Overcoming Under Stress), Caregiver Occupational Stress Control (CgOSC), and our suicide prevention programs (A-C-T Ask-Treat-Care) are in place and maturing to provide support to personnel and their families.

The Navy Operational Stress Control program and Marine Corps Combat Operational Stress Control program are the cornerstones of the Department of the Navy's approach to early detection of stress injuries in Sailors and Marines and are comprised of:

- Line led programs which focus on leadership's role in monitoring the health of their people.
- Tools leaders may employ when Sailors and Marines are experiencing mild to moderate symptoms.
- Multidisciplinary expertise (medical, chaplains and other support services) for more affected members.

Decreasing the stigma associated with seeking psychological health care requires a culture change throughout the Navy and Marine Corps. Confronting an ingrained culture will take time and active leadership support. Stigma reducing interventions span three major fronts: (1) education and training for individual Sailors and Marines that normalizes mental health care; (2) leadership training to improve command climate support for seeking mental health care; and (3) encouragement of care outreach to individual Sailors, Marines, and their commands. This past year saw wide-spread

dissemination of Operational Stress Control (OSC) doctrine as well as a Navy-wide education and training program that includes mandatory Navy Knowledge Online courses, instructor led and web-based training.

Navy Medicine ensures a continuum of psychological health care is available to service members throughout the deployment cycle – pre-deployment, during deployment, and post-deployment. We are working to improve screening and surveillance using instruments such as the Behavior Health Needs Assessment Survey (BHNAS) and Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Reassessment (PDHRA).

Our mental health specialists are being placed in operational environments and forward deployed to provide services where and when they are needed. The Marine Corps is sending more mental health teams to the front lines with the goal of better treating an emotionally strained force. Operational Stress Control and Readiness (OSCAR) teams will soon be expanded to include the battalion level, putting mental health support services much closer to combat troops. A Mobile Care Team (MCT) of Navy Medicine mental health professionals is currently deployed to Afghanistan to conduct mental health surveillance, command leadership consultation, and coordinate mental health care for Sailors throughout the AOR. In addition to collecting important near real-time surveillance data, the MCT is furthering our efforts to decrease stigma and build resilience.

We are also making mental health services available to family members who may be affected by the psychological consequences of combat and deployment through our efforts with Project FOCUS, our military treatment facilities and our TRICARE network

partners. Project FOCUS continues to be successful and we are encouraged that both the Army and Air Force are considering implementing this program. We also recognize the importance of the counseling and support services provided through the Fleet and Family Support Centers and Marine Corps Community Services.

Beginning in 2007, Navy Medicine established Deployment Health Centers (DHCs) as non-stigmatizing portals of care for service members staffed with primary care and psychological health providers. We now have 17 DHCs operational. Our health care delivery model supports early recognition and treatment of deployment-related psychological health issues within the primary care setting. Psychological health services account for approximately 30 percent of all DHC encounters. We have also increased mental health training in primary care, and have actively partnered with Line leaders and the Chaplain Corps to develop combat and operational stress control training resources. Awareness and training are keys to our surveillance efforts. Over 4,000 Navy Medicine providers, mental health professionals, chaplains and support personnel have been trained to detect, screen and refer personnel who may be struggling with mental health issues.

We must continue to recognize the occupational stress on our caregivers. They are subject to the psychological demands of exposure to trauma, loss, fatigue and inner conflict. This is why our Caregiver Occupational Stress Control programs are so important to building and sustaining the resiliency of our providers. We cannot overlook the impact on these professionals and I have directed Navy Medicine leadership to be particularly attuned to this issue within their commands.

Traumatic Brain Injury

While there are many significant injury patterns in theatre, an important focus area for all of us remains Traumatic Brain Injury (TBI). Blast is the signature injury of OEF and OIF – and from blast injury comes TBI. The majority of TBI injuries are categorized as mild, or in other words, a concussion. Yet, there is much we do not yet know about these injuries and their long-term impacts on the lives of our service members.

The relative lack of knowledge about mild TBI amongst service members and health care personnel represents an important gap that Navy Medicine is seriously addressing. We are providing TBI training to health care providers from multiple disciplines throughout the fleet and the Marine Corps. This training is designed to educate personnel about TBI, introduce the Military Acute Concussion Exam (MACE) as a screening tool for mild TBI, inform providers about the Automated Neurocognitive Assessment Metric (ANAM) test, and identify a follow-up for assessment including use of a repeatable test battery for identification of cognitive status. We have recently established and are now expanding our TBI program office to manage the implementation of the ANAM as a pre-deployment test for service members in accordance with DoD policy. This office will further develop models of assessment and care as well as support research and evaluation programs.

All the Services expect to begin implementation of a new in-theater TBI surveillance system which will be based upon incident event tracking. Promulgated guidelines will mandate medical evaluation for all service members exposed within a set

radius of an explosive blast, with the goal to identify any service member with subtle cognitive deficits who may not be able to return to duty immediately.

Navy Medicine has begun implementing the ANAM assessment at the DHCs and within deploying units as part of an Assistant Secretary of Defense (Health Affairs) mandate. We have also partnered with Line leadership, or operational commanders, to identify populations at risk for brain injury (e.g., front line units, SEAL units, and Navy Explosive Ordnance Disposal units). In addition, an in-theater clinical trial for the treatment of vestibular symptoms of blast-exposure/TBI was completed at the USMC mTBI Center in Al Taqqadum, Iraq.

Both our Naval Health Research Center and Navy-Marine Corps Public Health Center are engaged with tracking TBI data through ongoing epidemiology programs. Goals this year include the establishment of a restoration center in-theatre to allow injured Sailors and Marines a chance to recover near their units and return to the fight.

Additionally, the National Naval Medical Center's Traumatic Stress and Brain Injury Program provides care to all blast-exposed or head-injured casualties returning from theatre to include patients with an actual brain injury and traumatic stress. Navy Medicine currently has TBI clinics at San Diego, Portsmouth, Camp Pendleton and Camp Lejeune with plans for further expansion reflecting our commitment to the treatment of this increasingly prevalent injury.

We are employing a strategy that is both collaborative and integrative by actively partnering with the other Services, Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, the Veterans Administration, and leading academic

medical and research centers to make the best care available to our Warriors afflicted with TBI.

Excellence in Research and Development (R&D)

Research and development is critical to Navy Medicine's success and our ability to remain agile to meet the evolving needs of our warfighters. It is where we find solutions to our most challenging problems and, at the same time, provide some of medicine's most significant innovations and discoveries. Our R&D programs are truly force-multipliers and enable us to provide world-class health care to our beneficiaries.

The approach at our research centers and laboratories around the world is straightforward: Conduct health and medical research, development, testing, evaluation and surveillance to enhance deployment readiness. Each year, we see more accomplishments which have a direct impact on improving force health protection. The contributions are many and varied, ranging from our confirmatory work in the early stages of the H1N1 pandemic, to the exciting progress in the development of a malaria vaccine. Research efforts targeted at wound management, including enhanced wound repair and reconstruction as well as extremity and internal hemorrhage control, and phantom limb pain in amputees, present definitive benefits. These efforts also support our emerging expeditionary medical operations and aid in support to our Wounded Warriors.

The Navy Medicine Team

Navy Medicine is comprised of compassionate and talented professionals who continue to make significant contributions and personal sacrifices to our global community. Our team includes our officers, enlisted personnel, government civilian employees, contract workers and volunteers working together in a vibrant health care community. All have a vital role in the success of our enterprise. Our priority is to maintain the right workforce to deliver the required medical capabilities across the enterprise, while using the appropriate mix of accession, retention, education and training incentives.

Overall, I am encouraged with our recruiting efforts within Navy Medicine and we are starting to see the results of new incentive programs. But while overall manning levels for both officer and enlisted personnel are relatively high, ensuring we have the proper specialty mix continues to be a challenge. Several wartime critical specialties including psychiatry, family medicine, general surgery, emergency medicine, critical care and perioperative nursing, as well as advanced practice nursing and physician assistants, are undermanned. We are also facing shortfalls for general dentists, oral maxillofacial surgeons, and many of our mental health specialists including clinical psychologists and social workers. We have increasing requirements for mental health professionals as well as for Reserve Component Medical Corps, Dental Corps, Medical Service Corps and Nurse Corps officers. We continue to work hard to meet this demand, but fulfilling the requirements among these specialties is expected to present a continuing challenge.

I want to also reemphasize the priority we place on diversity. We are setting the standard for building a diverse, robust, innovative health care workforce, but we can do

more in this important area. Navy Medicine is stronger and more effective as a result of our diversity at all levels. Our people are our most important resource, and their dignity and worth are maintained through an atmosphere of service, professionalism, trust and respect.

Partnerships and Collaboration

Navy Medicine continues to focus on improving interoperability with the Army, Air Force, Veterans Administration (VA), as well other federal and civilian partners to bring operational efficiencies, optimal technology and training together in support of our patients and their families, our missions, and the national interests. Never has this collaborative approach been more important, particularly as we improve our approaches to ensuring seamless transitions for our veterans.

We remain committed to resource sharing agreements with the VA and our joint efforts in support of improving the Disability Evaluation System (DES) through the ongoing pilot program at several MTFs. The goal of this pilot is to improve the disability evaluation process for service members and help simplify their transitions. Together with the VA and the other Services, we are examining opportunities to expand this pilot to additional military treatment facilities. Additionally, in partnership with the VA, we will be opening the James A. Lovell Federal Health Care Center in Great Lakes, Illinois – a uniquely integrated Navy/VA medical facility.

We also look forward to leveraging our inter-service education and training capabilities with the opening of the Medical Education and Training Campus (METC) in San Antonio in 2010. This new tri-service command will oversee the largest

consolidation of service training in DoD history. I am committed to an inter-service education and training system that optimizes the assets and capabilities of all DoD health care practitioners yet maintains the unique skills and capabilities that our hospital corpsmen bring to the Navy and Marine Corps – in hospitals, clinics at sea and on the battlefield.

Clearly one of the most important priorities for the leadership of all the Services is the successful transition to the Walter Reed National Military Medical Center onboard the campus of the National Naval Medical Center, Bethesda. We are working diligently with the lead DoD organization, Joint Task Force – National Capital Region Medical, to ensure that this significant and ambitious project is executed properly and without any disruption of services to our Sailors, Marines, their families, and all our beneficiaries for whom we are privileged to serve.

The Way Forward

I believe we are at an important crossroads for military medicine. How we respond to the challenges facing us today will likely set the stage for decades to come. Commitment to our Wounded Warriors and their families must never waver and our programs of support and hope must be built and sustained for the long-haul – and the long-haul is the rest of this century when the young Wounded Warriors of today mature into our aging heroes in the years to come. They will need our care and support as will their families for a lifetime. Likewise, our missions of cooperative engagement, through humanitarian assistance and disaster response, bring opportunities for us, our military and

the Nation. It is indeed a critical time in which to demonstrate that the United States Navy is truly a “Global Force for Good.”

Navy Medicine is a vibrant, world-wide health care system comprised of compassionate and talented professionals who are willing to make contributions and personal sacrifices. This team - our team - including officer, enlisted, civilians, contractors, and volunteers work together as a dynamic health care family. We are all essential to success.

Navy Medicine will continue to meet the challenges ahead and perform our missions with outstanding skill and commitment. On behalf of the men and women of Navy Medicine, I want to thank the Committee for your tremendous support, confidence and leadership. It has been my pleasure to testify before you today and I look forward to your questions.